CALIFORNIA FORM FATR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE
PA 6: 01
A Public Document

Please type or print in ink.

| NAME (LAST) | (FIRST) | (MIDDLE) | DAYTIME TELEPHONE NUMBER |
|---|-----------------------|---|--|
| Fletcher | Nathan | В | and the second s |
| MAILING ADDRESS STREET (Business Address Acceptable) | CITY | STATE ZIP COI | DE STATE AND ESS |
| (Business Audinss Acceptable) | | | |
| | | - 12 m | |
| 1. Office, Agency, or Court | | 4. Schedule Sum | mary |
| Name of Office, Agency, or Court: | | ► Total number of pag | |
| CA State Assembly | | including this cover | page: |
| Division, Beard, District, if applicable | : | ► Check applicable sch interests." | nedules or "No reportable |
| Your Position: | | i have disclosed inter attached schedules: | ests on one or more of the |
| Assemblymember | | Schedule A-1 Ye | s - schedule attached |
| ▶ If filing for multiple positions, list a position(s): (Attach a separate s | | Investments (Lissa High 10) | % Ownership) |
| Agency: | | Schedule A-2 X Ye Investments (10% or Great | s – schedule attached ter Ownershipt |
| Position: | | Schedule B 🔀 Ye | s – schedule attached |
| | | Schedule C X Ye | s – schedule attached |
| 2. Jurisdiction of Office (ch | eck at least one box) | | ess Positjons (Income Other than Gifts |
| ▼ State | | Schedule D 🔀 Ye | s - schedule attached |
| County of | | Income – Gifts | |
| Cily of | | | s – schedule attached |
| ☐ Multi-County | | Income – Gifts – Travel | Payments |
| Other | | | -or- |
| [m | | No reportable inter | rests on any schedule |
| 3. Type of Statement (Check | k at least one box) | | |
| ☐ Assuming Office/Initial Date | ; | 5. Verification | |
| ★ Annual: The period covered is Jathrough December 31, 2009. | anuary 1, 2009, | I have used all reason | nable difigence in preparing this |
| -or- | | · · | wed this statement and to the best rmation contained herein and in any |
| O The period cevered isi_ December 31, 2009. | / through | attached schedules is tru | ue and complete. |
| Leaving Office Date Left:/ (Check one) | | | perjury under the laws of the State oregoing is true and correct. |
| O The period covered is January date of leaving office. | 1, 2009, through the | Date Signed 3/1 | 10 |
| -or- | | | |
| O The period cevered is | through | Si | en e |
| Candidate Election Year: | | | |

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

| CALIF | ORNIA | FOR | n 7 | 70 | 0 |
|------------------|----------|--------|--------|--------|---|
| fair Pol Name | ITICAL P | RACTIC | ES COM | MISSIC | N |
| | F | letche | er | | |

| ▶ 1. BUSINESS ENTITY OR TRUST | ▶ 1. BUSINESS ENTITY OR TRUST |
|--|---|
| Arrow Advisers, Inc | |
| Name 4079 Governor Drive #111, San Diego, CA 92122 | Name |
| Address (Business Address Acceptable) | Address (Business Address Acceptable) |
| Check one Trust, go to 2 Business Entity, complete the box, then go to 2 | Check one Business Entity, complete the box, then go to 2 |
| GENERAL DESCRIPTION OF BUSINESS ACTIVITY Public Affairs | GENERAL DESCRIPTION OF BUSINESS ACTIVITY |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000 |
| NATURE OF INVESTMENT Sole Proprietorship Partnership Otiver YOUR BUSINESS POSITION | NATURE OF INVESTMENT Sole Proprietorship Partnership Other YOUR BUSINESS POSITION |
| | |
| ▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>10</u> THE ENTITY/TRUST) | ➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>10</u> THE ENTITY/TRUST) |
| □ \$0 - \$499 | \$10,001 - \$100,000 \$500 - \$1,000 |
| ➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF | ➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF |
| INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary) United Friends of Children | INCOME OF \$10,000 OR MORE (strach a separate sheet if necessary) |
| | |
| | |
| ▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST | ► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST |
| Check one box: | Check one box: |
| ☐ INVESTMENT ☐ REAL PROPERTY | ☐ !NVESTMENT ☐ REAL PROPERTY |
| Name of Business Entity <u>or</u> Street Address or Assessor's Parcel Number of Real Property | Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property |
| Description of Business Activity <u>or</u> City or Other Precise Location of Real Property | Description of Business Activity or City or Other Precise Location of Real Property |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: |
| \$2,000 - \$10,050 \$10,001 - \$100,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000 | \$2,000 - \$10,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000 ACQUIRED DISPOSED |
| NATURE OF INTEREST Property Ownership/Deed of Trust Stock Pattnership | NATURE OF INTEREST Property Ownership/Deed of Trust Slock Partnership |
| Leasehold Casel | Leasnhold Other |
| Check box if additional schedules reporting investments or real property are attached | Check box if additional schedules reporting investments or real property are attached |
| Comments: | FPPC Form 700 (2009/2010) Sch. A-2 |

SCHEDULE B Interests in Real Property (Including Rental Income)

| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION | |
|---|--|
| Name | |
| Fletcher | |

| 6845 Radcliffe Drive | 1 1 |
|--|---|
| | |
| CITY | CITY |
| San Diego, CA 92122 | |
| FARPUCABLE, LIST DATE: \$2,900 - \$10,000 \$10,001 - \$1,000,000 \$190,001 - \$1,000,000 Over \$1,000,000 | FAIR MARKET VALUE IF APPLICABLE, DST DATE. \$2,000 - \$10,000 |
| 1 Over 31,000,000 | 1 044 21'000000 |
| NATURE OF INTEREST | NATURE OF INTEREST |
| ➤ Ownership/Deed of Trust | Ownership/Deed of Trust Easement |
| LesseholdOther | Leasefield |
| IF RENTAL PROPERTY, GROSS INCOME RECEIVED | IF RENTAL PROPERTY, GROSS INCOME RECEIVED |
| \$0 - \$499 | \$0 - \$490 |
| \$10,001 - \$106,000 OVER \$106,000 | S19,001 - \$100,000 |
| SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. | SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. |
| * You are not required to report loans from commercial | fonding institutions made in the lander's regular course |
| of business on terms available to members of the pul and loans received not in a lender's regular course o | |
| of business on terms available to members of the pul | blic without regard to your official status. Personal loans |
| of business on terms available to members of the pul and loans received not in a lender's regular course o | blic without regard to your official status. Personal loans f business must be disclosed as follows: |
| of business on terms available to members of the pul and loans received not in a lender's regular course o | blic without regard to your official status. Personal loans f business must be disclosed as follows: |
| of business on terms available to members of the pul and loans received not in a lender's regular course o NAME OF LENDER* ADDRESS (Business Address Acceptable) | blic without regard to your official status. Personal loans f business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) |
| of business on terms available to members of the pul and loans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER | blic without regard to your official status. Personal loans f business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER |
| of business on terms available to members of the pull and loans received not in a lender's regular course of the pull and loans received not receive | blic without regard to your official status. Personal loans f business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) |
| of business on terms available to members of the pull and loans received not in a lender's regular course of the pull and loans received not receive | blic without regard to your official status. Personal loans f business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) |
| of business on terms available to members of the puland loans received not in a lender's regular course o NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) | blic without regard to your official status. Personal loans f business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Menths/Years) |
| of business on terms available to members of the pull and loans received not in a lender's regular course of the pull and loans received not receive | blic without regard to your official status. Personal loans f business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) |
| of business on terms available to members of the pul and loans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER | blic without regard to your official status. Personal loan f business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER |
| of business on terms available to members of the puland loans received not in a lender's regular course o NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) | blic without regard to your official status. Personal loans f business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) |

SCHEDULE C Income, Loans, & Business Positions (Other than Gifts and Travel Payments)

| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
|---|
| Nante |
| Fletcher |
| |

| | ▶ 1. INCOME RECEIVED |
|---|---|
| NAME OF SOURCE OF INCOME | NAME OF SOURCE OF INCOME |
| State of California | Ogilvy Public Relations |
| ADDRESS (Business Audress Acceptable) | ADDRESS (Businers Address Acceptable) |
| State Capitol, Room 2111, Sacramento CA 95814 | 2495 Natomas Park Dr, #650, Sacramento CA |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| | Public Relations |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION |
| Assemblymember | Senior Advisor |
| GROSS INCOME RÉCEIVED | GROSS INCOME RECEIVED |
| ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000 | G00,612 - \$1,000 |
| S 10,001 - \$100,000 X OVER \$100,000 | ▼ \$10,001 - \$100,000 □ OVFR \$100,000 |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED | CONSIDERATION FOR WHICH INCOME WAS RECEIVED |
| ■ Salary | Sakny Spouse's or registered domestic partner's income |
| Loan repayment | Losin repayment |
| | |
| Stritle of (Property, car, boat, etc.) | Sate of |
| Commission of Rental Income, list seeds source of \$40,000 or more | Commission of Rental Income, list teach souther of \$10,000 or mare |
| housed to | |
| *************************************** | |
| Other | Coursi |
| | |
| (Вежлее) | (Overnoe) |
| (Besidee) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER | |
| 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER You are not required to report loans from commercial of a retail installment or credit card transaction, made | lop lending institutions, or any indebtedness created as pare in the lender's regular course of business on terms your official status. Personal loans and loans received |
| Loans received or outstanding during the reporting per You are not required to report loans from commercial of a retail installment or credit card transaction, made available to members of the public without regard to | lop lending institutions, or any indebtedness created as pare in the lender's regular course of business on terms your official status. Personal loans and loans received |
| 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER You are not required to report loans from commercial of a retail installment or credit card transaction, made available to members of the public without regard to not in a lender's regular course of business must be | lending institutions, or any indebtedness created as pare in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows: INTEREST RATE TERM (Months/Years) |
| 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER You are not required to report loans from commercial of a retail installment or credit card transaction, made available to members of the public without regard to not in a lender's regular course of business must be NAME OF LENDER* | l lending institutions, or any indebtedness created as par e in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows: |
| 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER You are not required to report loans from commercial of a retail installment or credit card transaction, made available to members of the public without regard to not in a lender's regular course of business must be | lending institutions, or any indebtedness created as pare in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows: INTEREST RATE TERM (Manths/Years) |
| 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER You are not required to report loans from commercial of a retail installment or credit card transaction, made available to members of the public without regard to not in a lender's regular course of business must be NAME OF LENDER* | l lending institutions, or any indebtedness created as pare in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows: INTEREST RATE TERM (Manths/Years) None |
| * You are not required to report loans from commercial of a retail installment or credit card transaction, made available to members of the public without regard to not in a lender's regular course of business must be NAME OF LENDER* | lending institutions, or any indebtedness created as pare in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows: INTEREST RATE TERM (Months/Years) |
| * You are not required to report loans from commercial of a retail installment or credit card transaction, made available to members of the public without regard to not in a lender's regular course of business must be NAME OF LENDER* | l lending institutions, or any indebtedness created as pare in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows: INTEREST RATE None SECURITY FOR LOAN |
| * You are not required to report loans from commercial of a retail installment or credit card transaction, made available to members of the public without regard to not in a lender's regular course of business must be NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER | lending institutions, or any indebtedness created as pare in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows: INTEREST RATE |
| * You are not required to report loans from commercial of a retail installment or credit card transaction, made available to members of the public without regard to not in a lender's regular course of business must be NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD | lending institutions, or any indebtedness created as pare in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows: INTEREST RATE TERM (Months/Years) |
| * You are not required to report loans from commercial of a retail installment or credit card transaction, made available to members of the public without regard to not in a lender's regular course of business must be NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 \(\subseteq 1.000 \) | lending institutions, or any indebtedness created as pare in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows: INTEREST RATE TERM (Manths/Years) |
| * You are not required to report loans from commercial of a retail installment or credit card transaction, made available to members of the public without regard to not in a lender's regular course of business must be NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$10,001 - \$10,000 | lending institutions, or any indebtedness created as pare in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows: INTEREST RATE TERM (Months/Years) |
| * You are not required to report loans from commercial of a retail installment or credit card transaction, made available to members of the public without regard to not in a lender's regular course of business must be NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 \(\subseteq 1.000 \) | lending institutions, or any indebtedness created as pare in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows: INTEREST RATE None SECURITY FOR LOAN None Real Property Stept aggress |
| * You are not required to report loans from commercial of a retail installment or credit card transaction, made available to members of the public without regard to not in a lender's regular course of business must be NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$10,001 - \$10,000 | Ilending institutions, or any indebtedness created as pare in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows: INTEREST RATE TERM (Months/Years) |

SCHEDULE D Income - Gifts



| ► NAME OF SOURCE | ► NAME OF SOURCE |
|--|--|
| Various Healthcare/Life Sciences Entities | Counsel For Legislative Excellence |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| | 2150 River Plaza Drive #150, Sacramento CA 95833 |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY IF ANY, OF SOURCE |
| Healthcare and Life Sciences | Government & Public Administration |
| DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) |
| 1 , 28 , 09 s 216.88* Reception/dinner | 12 <u>j 01 j 09</u> <u>\$ 59.22* Cufflinks</u> |
| \$ | 12 , 01 , 09 \$ 8.72* Gift bag |
| s | \$ |
| NAME OF SOURCE | ► NAME OF SOURCE |
| California Bankers Association | |
| ADDRESS (Business Address Acceptable) | AODRESS (Business Address Acceptable) |
| 1303 J Street, Suite 600 Sacramento CA 95814 | |
| BUSINESS ACTIVITY: IF ANY, OF SOURCE | BUSINESS ACTIVITY IF ANY, OF SOURCE |
| Banking | |
| DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) |
| 08 / 24 / 09 s 26.10* Dinner | \$\$ |
| | \$ |
| | |
| NAME OF SOURCE | ► NAME OF SOURCE |
| Counsel For Legislative Excellence | |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| 2150 River Plaza Drive #150, Sacramento CA 95833 | |
| BUSINESS ACTIVITY, IF ANY. OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| Government & Public Administration | |
| DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) |
| 12 <u>/ 01 / 09</u> <u>\$ 61.74* Jacket</u> | \$ |
| 12/ _j 01 _j 09 _s 147.01* Briefcase | \$ |
| 12 , 01 , 09 。 94.27* Bracelet | |

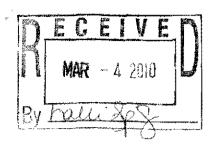
Comments: *Sponsored by 13 entities, all of which paid less than \$50 per person for the event costs (reimbursement for each sent after 30 days) *Reimbursement to Banker's Dinner sent after 30 days. *Jacket, briefcase and bracelet returned after 30 days. *Reimbursement sent for cuff links and gift bag after 30 days.

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

| CALIFORNIA FAIR POLITICAL F | A FORM 700 RACTICES COMMISSION |
|--------------------------------|--------------------------------|
| Name | |
| F | letcher |

- Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.

| ► NAME OF SOURCE | ► NAME OF SOURCE |
|--|--|
| San Diego County Regional Airport Authority | |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| P.O. Box 82776 | |
| CITY AND STATE | CITY AND STATE |
| San Diego, California 92138-2776 | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| Manage the operations of San Diego International | |
| DATE(S): | DATE(S):/ AMT: \$ |
| TYPE OF PAYMENT: (must check one) 🛛 Gift 📋 Income | TYPE OF PAYMENT: (must check one) Gift Income |
| DESCRIPTION: Airport parking pass | DESCRIPTION: |
| | |
| NAME OF SOURCE | ► NAME OF SOURCE |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| CITY AND STATE | CITY AND STATE |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| DATE(S): | CATE(S):// |
| TYPE OF PAYMENT: (must check one) | TYPE OF PAYMENT: (must check one) |
| DESCRIPTION: | DESCRIPTION: |
| Comments: * This is an estimate based on the San Diego A Diego County Regional Airport Authority could last year. | Airport's parking rates & the legislative calendar. The San not provide me with an exact amount of compensation for |





SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



- Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.

| NAME OF SOURCE The American Council of Young Political Leaders ADDRESS (dustries Acceptable) 2131 K Street, NW Suite 400 Citry AND STATE Washington, DC 20037 business Activity, if ANY, OF SOURCE 501c3 organization that conducts bipartisan exchange DATE(S) | | | | -93 |
|---|--|---|--|----------------|
| The American Council of Young Political Leaders ADDRESS (Business Address Acceptable) 2131 K Street, NW Suite 400 CHY AND STATE Washington, DC 20037 Business Activity is Any of Source DATE(s): 08 / 01 / 09 | NAME OF SOURCE | ► NAME OF SOURCE | Contract | |
| ADDRESS (Business Address Acceptable) 2131 K Street, NW Suite 400 DITY AND STATE Washington, DC 20037 BUSINESS ACTIVITY, IF ANY OF SOURCE DATE(S) 08 / 01 / 09 08 / 14 / 09 AMT \$ 7672.34 If applicable. TYPE OF PAYMENT (must check one) Sign income DESCRIPTION To promote understanding and cultivate lasting political, economic and cultivate lasting political, economic and cultivate lasting political, economic and cultivate lasting political. economic and cultivate lasting political, economic and cultivate lasting political. economic and cultivate lasting political economic and cultivate lasting political. economic and cultivate lasting political. economic and cultivate lasting political economic and cultivate lasting political. economic and cultivate lasting political economic and cultivate lasting politic | The American Council of Young Political Leaders | | ************************************** | |
| 2131 K Street, NW Suite 400 CITY AND STATE Washington, DC 20037 BUSINESS ACTIVITY, IF ANY OF SOURCE 501c3 organization that conducts bipartisan exchange DATE(S): 08 / 01 / 09 | | ADDRESS (Business Address Acceptable) | ** | 7.00 |
| DITY AND STATE Washington, DC 20037 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501c3 organization that conducts bipartisan exchange DATE(S): 08 / 01 / 09 . 08 / 14 / 09 AMT s 7672.34 If applicables TYPE OF PAYMENT (must check one) GIR | | | | W. T. C. |
| Washington, DC 20037 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501c3 organization that conducts bipartisan exchange DATE(S): 08 / 01 / 09 . 08 / 14 / 09 AMT \$ 7672.34 If Applicables TYPE OF PAYMENT (must check one) | | CITY AND STATE | | |
| BUSINESS ACTIVITY, IF ANY OF SOURCE 501c3 organization that conducts bipartisan exchange DATE(S) 08 / 01 / 09 08 / 14 / 09 AMT \$ 7672.34 TYPE OF PAYMENT (must check one) | Washington, DC 20037 | | | |
| DATE(S). 08 / 01 / 09 . 08 / 14 / 09 AMT s 7672.34 OATE(S) | | BUSINESS ACTIVITY, IF ANY, OF SOURCE | | |
| DATE(S): 08 / 01 / 09 . 08 / 14 / 09 AMT \$ 7672.34 TYPE OF PAYMENT (must check one) | 501c3 organization that conducts bipartisan exchange | | | |
| TYPE OF PAYMENT (must check one) | | | —— | C. A |
| DESCRIPTION To promote understanding and cultivate lasting political, economic and cultural relationships among young political leader NAME OF SOURCE ADDRESS (Business Address Acceptable) CITY AND STATE BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE(S): | • • | DATE(S): | | Close |
| NAME OF SOURCE Werification Print Name Nathan Fletcher | Victorial School of | YYPE OF PAYMENT: (must check one) [Gift | Incor | ne |
| ADDRESS (Business Address Acceptable) CITY AND STATE BUSINESS ACTIVITY, IF ANY, OP SOURCE DATE(S): | lasting political, economic and cultural | DESCRIPTION | 1000 | |
| Office, Agency or Court BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE(S): | NAME OF SOURCE | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 | | |
| Statement Type 2009/2010 Annual Assuming Leaving DATE(S): Annual Candidate DATE(S): Annual Candidate | ADDRESS (Busiliess Address Acceptable) | | | |
| DATE(S): | CITY AND STATE | | | /0000-00000-00 |
| TYPE OF PAYMENT (must check one) Gift Income DESCRIPTION. Teviewed this Statement and to the best of my knowledge the information contained herein and in any altached schedules is true and complete contained herein and in any altached schedules is true and complete. Light approachs Type of payment (must check one) Gift Income Date Signed 3/04/10 Sig | BUSINESS ACTIVITY, IF ANY. OF SOURCE | Statement Type 🔀 2009/2010 Annual 🗍 Assur 🗍 💯 Annual 💮 Cand | ming ∐ L ìdale | .eaving |
| TYPE OF PAYMENT (must check type) | | reviewed this statement and to the best of my knowled | lge lhe infol | rmalion |
| Date Signed Date S | | | | tate of |
| DESCRIPTION. Sig | TYPE OF PAYMENT (must check the) Gift Income | Date Signed 3/04/10 | | |
| | DESCRIPTION. | | | |
| Comments: | | | | |
| | Comments: | | `````````````````````````````````````` | |
| | | | | |